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CONFIRMATION NO. 8162

<b>SERIAL NUMBER</b> 09/776,250	<b>FILING OR 371(c) DATE</b> 02/01/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 1225/1G584US2	
<b>APPLICANTS</b> David Berd, Wyncote, PA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/180,258 02/04/2000 and claims benefit of 60/259,501 01/03/2001 <i>KAC</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>(none) KAC</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/27/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> <i>KAC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 28977					
<b>TITLE</b> Low dose haptenized tumor cell and tumor cell extract immunotherapy					
<b>FILING FEE RECEIVED</b> 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		